

SOCIAL PATHOLOGY

IN its 80th year, the Massachusetts Public Health Association at Amherst, September 2, 1959, offered a fresh if not entirely new wrapper for the traditional package of public health.

With Dean Clark, M.D., general director, Massachusetts General Hospital, presiding, a panel of four discussed social pathology and its implications in epidemiology. After an introduction of the subject by Raymond F. Gould, Ph.D., of the National Institute of Mental Health, Public Health Service, Leon Sternfeld, M.D., commissioner of the Cambridge Health Department, suggested broad applications of knowledge of social pathology to public health practice. Other specific examples were provided by Robert Morris, associate professor of the Graduate School for Advance Studies in Social Welfare at Brandeis University, with respect to dependency; and by the late Kenneth W. Chapman, M.D., formerly associate director of the Clinical Center, National Institutes of Health, Public Health Service, speaking of studies of addiction to narcotics.

The Dynamics

Observing that the obvious symptoms of social pathology are found in records of crime, delinquency, family disintegration, alcoholism, and poor working habits, Gould suggested that social health "is to perform so as to survive and to anticipate changes which may threaten survival." For example, he said it is socially healthy to take preventive action against the anticipated effects of atomic warfare, urban sprawl, or overpopulation. It is also socially healthy, he suggested, to develop methods of

satisfying such universal human needs as physical maintenance and protection; the need to make the most of one's self; the need to relate with others competently; and the need to see things as they really are, well enough to manage affairs and to move in new directions, if necessary.

Assuming that an infant can develop in any direction, given nurture, support, and control by family, neighborhood, and government, Gould asserted that when proper nurture, support, and control are lacking, social pathology sets in.

To illustrate his thesis, he described a fictional tribe of Bongo-bongos, living in an economy of scarcity, with an average life expectancy of 30 years, subject to chronic famine and war, where each individual's identity depended either on fighting or food gathering. In such a system, the aged were discouraged: it was cheaper to bury them than to keep them. With a simple model of parenthood, education for girls consisted of learning to be a wife and mother, and for boys, to be a farmer and fighter. Deviants, unsuited to such roles, did not survive. Under the necessities of their condition, however, the Bongo-bongos were socially healthy: as a tribe, their survival value was high.

In contrast, he noted, the complex demands of today's America require long training and advance planning for youth. Although deviants are protected, they are not helped to satisfy their basic needs. Many receive only custodial care at best, and most are on a bare subsistence budget. The elder members of society, although they are preserved, are neglected; an increasing number of unhappy, inadequate citizens. To waste such human resources while

we compete with other societies which are stressing productivity and the common good, he said, is a dangerous extravagance.

Other factors in the failure to develop survival values, he observed, are the lack of emotional care for children of middle-class urban parents, largely distracted by the pressures of meeting occupational obligations or the physical demands of an overwhelming technology. Lacking a stable value system in the home, school, or church, he said, young people feel life is meaningless and that the world has no place for them. In his opinion, urbanization in itself deprives society of the social controls and support which individuals find in the rural setting, where the individual is relatively prominent and well-identified. To offset these pathological developments, Gould concluded, public health agencies have a major responsibility, since anticipatory action is the price of survival.

Applied Knowledge

Sternfeld cautioned the attentive audience against a glib approach to social issues. Winslow's definition of public health as social well-being, he said, is an objective, rather than a condition; but it is also more than a pious hope. It has the wisdom of seeing that low rates of morbidity and mortality will not by themselves achieve this objective. "Your agency will fail if it seeks to reform the world," he said, "but neither can you say that social pathology is no concern of ours." As he was about to name specific points of attack, he remarked, "I can hear the public health nurse saying, 'What! Something else added to the caseload!'" But he proceeded to suggest that nurses and sanitarians are in a strategic position to share information on housing and family conditions which breed social pathology. "Liquidation of the physical slum is futile," he said, "if the relocated family is certain to create a new one."

Equally futile, he added, is transfer of a family from a condemned house to a worse one. The correction of housing defects at a cost reflected in rent increases, which simply drives out the present occupants, may be self-defeat-

ing, he explained. Such conditions, he said, demand concerted action by all agencies concerned.

He mentioned venereal disease as another familiar public health responsibility associated with social pathology, differing from other infections in its profound social and psychological implications. (This specific topic was discussed at another session by Dr. Nicholas Fiumara, director of venereal disease control, Massachusetts Department of Public Health.)

With respect to a third conventional field of public health work, tuberculosis, Sternfeld emphasized the social needs of patients in custody, and their management and reception in the community after discharge. The frequency of alcoholics in the tuberculosis wards also calls for an attack on social causes, he added.

As to maternal and child care, he proposed a concentration of efforts upon the most susceptible elements of the population, asserting that the differential rates of maternal mortality by neighborhood in many cities is not ordinarily known, and that the frequency of stillbirths, premature births, and infant deaths is certainly higher in handicapped families; the socially, economically, and emotionally handicapped.

Such handicapped families, he said, tend to be regarded as social lepers, as once were patients suffering from tuberculosis or cancer, and as are mental patients or patients with venereal infections, to some degree, today. On the principle that a multiplicity of needs warrants a multiplicity of services, he proposed that health agencies and others concerned focus upon such special risk groups. Sternfeld predicted that the results would be commensurate with the effort. And he expressed confidence that the effort could overcome the stubborn barriers of ignorance, cultural prejudices, and the current deficiency of facilities and services. Offering no magic recipes for the attack on social pathology, he said that available knowledge can provide useful recommendations.

Dependency

Recommendations for action on dependency were expressed by Morris, after a backward look at the evolution of maternal and child care.

With due regard for the importance of physical or emotional dependency, or the general interdependence of human society, he confined the bulk of his remarks to economic needs.

A typical economically dependent person at the end of the 19th century, he said, was the orphan, served by orphanages and charitable funds set up to provide aid for mothers. The needs of orphans helped to inspire milk stations and other preventive health services which preceded many modern programs and played a great part in reducing orphanage.

Full orphans have almost disappeared, making up less than 0.1 percent of the child population. The number of children bereft of one parent has been reduced by between one-sixth and one-third in the past 25 years alone. Their needs are met mainly by the Social Security Administration program of aid to dependent children.

Chronic illness and aging today produce dependency at the other end of the life cycle, he added. Parents do not die young and leave dependent children, but survive to become dependent in their later years. Of 500,000 families on public assistance in New York State in 1958, he said, only 10 percent were able to work. Most are chronically ill and often they are bedridden, he said, for lack of adequate rehabilitation services. In many government hospitals, he stated, one bed in five is occupied by a long-term patient for social, not medical reasons. And this improper use of hospital beds he laid to inadequate use of social resources—nursing homes, home care programs, boarding homes, and other social services.

He recommended increasing services to the homes of the dependents, with emphasis on rehabilitation. Specifically, he cited the example in Chicago of collaboration by public health officials, public welfare services, and general hospitals, concentrating on nursing home patients receiving old age assistance. In one situation he described, three-fourths of the inactivated patients were able after 1 year to take care of their own physical needs, thanks to combined medical and social services.

The success of such a program for aged dependents, he said, rests on confidence in its success, a comprehensive provision of health,

rehabilitation, and social services; continuity of care; and coordination among agencies in a community organized so as to mobilize its social resources.

Addiction

The social pathology of addiction to drugs and alcohol, Chapman observed, characteristically but not invariably is associated with a hostile environment, dependency, poverty, an unstable or broken home, crowding, and racial handicaps. But while about half of the alcoholic addicts may perform productive work, he said, drug addicts are much less useful. Drug addiction also is less tolerated in this country, he added, than alcoholism. Social attitudes, therefore, have tended to encourage segregation or incarceration of drug addicts. The laws on addiction generally are at least as punitive as therapeutic. The forces behind addiction are seldom understood by families or associates of the victims, and still less do untrained persons understand how to manage addicts, he said. On the contrary, the attitudes of family members may constitute a specific force behind the impulse to take drugs or alcohol.

In the management of addiction, he said, social attitudes are of key importance. All hands are needed to help in rehabilitation of addicts if rehabilitation is to succeed. And that achievement, he said, implies much more education of the public and far better scientific knowledge of the nature of addiction.

Referring to an effort by the Public Health Service to evaluate its work at the Lexington hospital for narcotic addicts, he reported that investigators followed up more than 1,800 patients discharged to the New York City area between July 1952 and the end of 1956. In the course of the effort to learn the fate of these former patients, it appeared that many needed continuing support. On their own initiative, the investigators undertook a long-term rehabilitation program for a few. Without such continuing support for the social and emotional needs of the narcotic addict, Chapman said, the chances are slim that the task of rehabilitation so well begun in the hospital will carry through for long.

Greek Chorus

In the role of a Greek chorus, the chairman and others provided several supplementary items at intervals for consideration by the audience.

There are now approximately as many beds in nursing homes as in general hospitals.

About 1,000 new persons are added each day

to the number of people in this country who are more than 65 years old.

Old-Age and Survivors Insurance today is paying benefits to more than 10,000 persons who are more than 100 years old.

One marriage in four ends in divorce.

The number of alcoholics in this country is estimated at 5 million; mental patients, 15 million.

Nursing Traineeship Program Extended

Expanded opportunities to increase skills in management of nursing services are available to nursing supervisors, administrators, and teachers. Federal funds have been set aside to enable key personnel in the nursing profession to attend short-term intensive training courses. The Division of Nursing Resources, Public Health Service, will award grants to the institutions or agencies giving the training courses.

The program is an extension of the professional nurse traineeship program which for the past 3 years has supported traineeships for nurses preparing for supervisory, administrative, and teaching positions in colleges and universities. Legislation continuing the program for 5 years has been passed by the Congress.

Short-term traineeships will be limited to graduate professional nurses now employed as administrators, supervisors, or teachers, for whom advanced full-time study is not now possible. The grants will cover tuition and fees for the course plus a stipend when necessary.

The Public Health Service must approve plans for any institution or agency to supply the new training courses. Criteria for participation are available from the Division of Nursing Resources.

Traineeships for nurses enrolled in full-time academic programs will continue to be available.